

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/09/2009
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 297082 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/06/2008 |
| NAME OF PROVIDER OR SUPPLIER SAGUARO HOME HEALTH CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S MARYLAND PKWY, SUITE 215 LAS VEGAS, NV 89109 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| G 000 | <p>INITIAL COMMENTS</p> <p>This Statement of deficiencies was generated as a result of the Medicare re-certification survey investigation conducted at your agency on June 6, 2008. The active census at the time of the survey was 163. Fifteen clinical records were reviewed. Five home visits were conducted.</p> <p>The following four complaints investigated at the time of the survey:</p> <p>CPT #NV16150 - Unsubstantiated CPT #NV18336 - Substantiated (Tag G158) CPT #NV15635 - Unsubstantiated CPT #NV17877 - Substantiated(Tag G158)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified.</p> | G 000 | | | |
| G 143 | <p>484.14(g) COORDINATION OF PATIENT SERVICES</p> <p>All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, the agency failed to ensure staff providing services maintained liaison so that their efforts supported the plan of care in 2 of 15 records reviewed (#3, #9).</p> | G 143 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| G 143 | <p>Continued From page 1</p> <p>Findings include:</p> <p>Patient #3</p> <p>Patient #3 was admitted on 1/7/07 with the diagnoses Congestive Heart Failure, Encounter Therapeutic Drug Monitor, Glaucoma and Gait Abnormality.</p> <p>Record Review</p> <p>Physician's orders, dated 11/8/07 through 1/6/08, revealed: "Physical therapy evaluation for unsteady gait and weakness."</p> <p>On 11/8/07, the physical therapy evaluation was conducted and the following plan of care was established to provide physical therapy "1week 1; 2 week 5."</p> <p>On 12/29/07, the physical therapist discharge summary documented: "the patient had reached maximum rehabilitation potential. The patient instructed to continue with home exercise program and follow rest/activity schedule. Needs to follow up with MD (medical doctor) and instructed to call for appointment. Instruct to report to MD and nurse for change in functional status."</p> <p>There was no documented evidence to verify the skilled nurse was notified at the time of discharge from physical therapy services .</p> <p>Patient #9</p> <p>The start of care was 2/22/08 with the diagnoses Chronic Obstructive Pulmonary Disease with</p> | G 143 | | | |

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| G 143 | Continued From page 2 Asthma, Congestive Heart Disease, Generalized Weakness, and Rheumatoid Arthritis. Record Review Physician's orders, dated 2/22/08, revealed: "Occupational Therapy evaluation for weakness." On 3/20/08, the occupational therapy assistant discharged the patient to a family member with goals met. There was no documented evidence to verify the occupational therapy assistant notified the therapist of the plan for discharge. | | | G 143 | | | |
| G 158 | 484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. This STANDARD is not met as evidenced by: Based on interview and record review, the agency failed to ensure staff followed the written plan of care established by the physician for 5 of 15 sampled patients (#1, #6, #8, #9, #10). Findings include: Patient #9 Patient #9 was admitted on 2/22/08 with diagnoses: Chronic Obstructive Pulmonary Disease with Asthma, Congestive Heart Disease, Generalized Weakness, and Rheumatoid Arthritis. Record Review | | | G 158 | | | |

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| G 158 | <p>Continued From page 3</p> <p>The physician's orders, dated 2/22/08 revealed: "Skilled nurse to visit 1 time a week for 1 week; 2 times a week for eight weeks and one time a week for one week. The home health aide to provide services starting 3/1/08 two times a week for seven weeks."</p> <p>The skilled nurse conducted one visit during the weeks starting on 3/1/08 and 4/12/08, which did not comply with the physician's orders.</p> <p>The last documented home health aide visit was on 3/10/08. There was no documented home health aide visit conducted two times a week as ordered by the physician.</p> <p>Patient #8</p> <p>Patient #8 was admitted 5/15/08 with the diagnoses of Orthopedic Aftercare, Diabetes Mellitus, Neuropathy, Hypertension, Malaise and Fatigue.</p> <p>Record Review</p> <p>On 5/16/08, the occupational therapist conducted a visit. There was no documented evidence a physician's order was obtained prior to the visit.</p> <p>Patient #10</p> <p>Patient #10 was admitted on 2/4/08 with the following diagnoses: Cerebrovascular Accident, Unsteady Gait, History of Falls, Atrial Fibrillation, and Diabetes Mellitus.</p> <p>Record Review</p> <p>The physician's orders dated 2/4/08 through</p> | G 158 | | | |

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| G 158 | <p>Continued From page 4</p> <p>4/3/08, indicated: "Skilled Nursing to visit patient 2 times a week for 3 weeks, 1 time a week for 6 weeks."</p> <p>During the week starting 3/29/08, there was no documented evidence to verify a skilled nurse conducted a home visit.</p> <p>On 2/9/08, the physical therapist conducted a physical therapy evaluation. The plan of care established on 2/9/08 indicated: "physical therapy to visit 2 times a week for 1 week; 3 times a week for 7 weeks."</p> <p>The physical therapist conducted two home visits during the week starting on 2/16/08, not three as per the physician's order. The physical therapist conducted one home visit during the week starting on 2/23/08 not three visits according to the physician's orders. The physician therapist conducted two home visits during the week starting on 3/15/08, not three visits according to the physician's orders.</p> <p>On 4/11/08, the physicians's orders indicated: "correction to plan of care to 0 week 1, 2 times a week for 2 weeks, 1 time a week for 6 weeks; CNA (certified nursing assistant) 0 week 1; 3 times a week for 8 weeks."</p> <p>During the week starting 4/5/08, the skilled nurse conducted 1 home visit, not 2 according to the physician's order. During the week starting on 4/12/08, the skilled nurse conducted conducted 1 home visit, not 2 visits according to the physician's orders.</p> <p>During the week starting 5/10/08, the CNA conducted 1 home visit, not 3 home visits as per</p> | G 158 | | | |

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| G 158 | <p>Continued From page 5</p> <p>the physician's order. During the week starting 5/17/08, the CNA conducted 1 home visit, not 3 home visits as per the physician's order.</p> <p>Patient #6</p> <p>The start of care was 4/4/08 with the following diagnoses: Non Insulin Diabetes Mellitus, Hypertension, Anticoagulant Therapy, and General Weakness.</p> <p>The physician's orders dated 4/4/08 through 6/2/08, indicated: "Skilled Nurse to visit patient 2 times a week for 2 weeks, 1 time a week for 7 weeks."</p> <p>During the week starting 4/12/08, the skilled nurse conducted 1 home visit not 2 according to the physician's order.</p> <p>During the week starting 4/26/08, there was no documented evidence a skilled nursing home visit was conducted according to the physician's order.</p> <p>Complaint #NV18336</p> <p>Patient #1</p> <p>Patient #1 was admitted on 1/12/2008 with diagnoses including Cervical Spine Stenosis, Quadriplegia, Hypertension, Status Post Lumbar Laminectomy.</p> <p>Record Review</p> <p>Patient #1's physician's orders dated 1/12/2008 through 3/11/2008, indicated: "Skilled Nursing to visit patient 2 times a week for 2 weeks, 1 time a week for 7 weeks."</p> | G 158 | | | |

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| G 158 | <p>Continued From page 6</p> <p>Skilled nurse (SN) visits were made on 1/12/2008 and 3/11/2008. There was no documented evidence that physician orders were made to decrease skilled nursing visits for Patient #1.</p> <p>There was no documented evidence that the physician was contacted regarding missed SN visits for Patient #1 between 1/12/2008 through 3/11/2008.</p> <p>Patient #1's physician's orders dated 3/12/2008 through 5/10/2008, indicated: "SN to visit patient 2 times a week for 9 weeks."</p> <p>One SN visit was made for week ending 4/25/2008 and week ending 5/2/2008.</p> <p>There was no documented evidence to decrease SN visits 1 time a week for weeks ending 4/25/2008 and week ending 5/2/2008.</p> <p>There was no documented evidence that the physician was contacted regarding missed skilled nursing visits for Patient #1 for weeks ending 4/25/2008 and 5/2/2008.</p> <p>Interview</p> <p>On 6/6/2008 in the afternoon, the office manager indicated that Patient #1's case was opened by a registered nurse (RN) and then transferred to a licensed practical nurse (LPN) by the scheduler. The office manager indicated that the LPN did not do any visits for Patient #1. The office manager confirmed that the physician's orders, dated 1/12/2008 through 3/11/2008 and 3/12/2008 through 5/10/2008, were not followed.</p> | G 158 | | | |

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| G 158 | Continued From page 7 | G 158 | | | |
| G 159 | Complaint #NV17877 484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items. This STANDARD is not met as evidenced by: Based on interview and record review, the agency failed to revise goals on the plan of care from certification period to certification period teaching a confused patient for 2 of 15 sampled patients (#3, #15). Findings include: Patient #3 Patient #3 was admitted on 1/7/07 with diagnoses Congestive Heart Failure, Encounter Therapeutic Drug Monitor, Glaucoma and Gait Abnormality. Record Review On 11/15/07, 11/19/07, 12/19/07, 1/19/08, 2/1/08, 2/27/08, 3/26/08, and 4/28/08, the skilled nurse assessed and documented the responses of patient to care and health teaching for Congestive Heart Disease. The patient was unable to give description and ability to answer questions. | G 159 | | | |

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| G 159 | <p>Continued From page 8</p> <p>On 4/24/08, the skilled nurse documented: "Patient hasn't taken oral medications. Patient was administered all oral medications for today. Patient complaining of poor appetite. Frustration of living at senior living. Vital signs taken. Patient was reinforced in disease process of dehydration. Signs and symptoms of dehydration and disease process of Congestive Heart Failure."</p> <p>On 5/8/08, the skilled nurse documented: "Patient stated that patient didn't feel like eating and drinking. Patient lives at senior/ assisted living and needs to go downstairs. Patient was instructed in small frequent meals. push fluid to prevent from dehydration."</p> <p>On 5/13/08, the skilled nurse documented: "Patient was instructed in food with high content Na (sodium) Adequate fluid to prevent from dehydration. Complications of Congestive Heart Failure."</p> <p>On 5/20/08, the skilled nurse documented: "Patient forgot taking oral meds and did n't eat breakfast and lunch. Patient was administered oral medications. Instructed in small frequent meals; adequate fluid to prevent from dehydration. Patient given 2 cups of water."</p> <p>Observation</p> <p>On 6/4/08, a home visit was conducted. There was only a small sink and refrigerator in the resident's room. There was no cooking allowed in the residents' rooms.</p> <p>Interview</p> <p>On 6/4/08, an interview with the skilled nurse and</p> | G 159 | | | |

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| G 159 | Continued From page 9 patient was conducted. The skilled nurse indicated the patient's son, who was a physician, arranged the weekly medication box. The independent living facility prepared three meals daily. The staff who worked at the living facility did not contact residents at meal times. The skilled nurse developed the goals for instruction on the plan of care and continued to teach a confused patient Patient #15 The start of care was 4/28/08 with the diagnoses Diabetes Mellitus, Hypertension, Osteoarthritis, Atrial Fibrillation, Malaise and Fatigue. Record Review The physician's orders dated 4/28/08, revealed: "Skilled nursing to visit 3 times a week for 3 weeks, and 1 time a week for 3 weeks." During the week starting 4/22/08, the skilled nurse conducted two home visits, not three according to the physician's order. | G 159 | | | |
| G 164 | 484.18(b) PERIODIC REVIEW OF PLAN OF CARE Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care. This STANDARD is not met as evidenced by: Based on record review, the agency staff failed to alert the physician about a discharge and a change in the plan of care for 2 of 15 sampled patients (#3, #8). | G 164 | | | |

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| G 164 | <p>Continued From page 10</p> <p>Findings include:</p> <p>Patient #3</p> <p>Patient #3 was admitted on 1/7/07 with the diagnoses of Congestive Heart Failure, Encounter Therapeutic Drug Monitor, Glaucoma and Gait Abnormality.</p> <p>Record Review</p> <p>Physician's orders dated 11/8/07 through 1/6/08 revealed: "Physical therapy evaluation for unsteady gait and weakness."</p> <p>On 11/8/07, the physical therapy evaluation was conducted and the following plan of care was established to provide physical therapy "1 week 1; 2 week 5."</p> <p>On 12/29/07, the physical therapist discharge summary documented: "the patient had reached maximum rehabilitation potential. The patient instructed to continue with home exercise program and follow rest/activity schedule. Needs to follow up with MD (medical doctor) and instructed to call for appointment. Instruct to report to MD and nurse for change in functional status."</p> <p>There was no documented evidence to verify the physician was notified at the time of discharge from physical therapy services .</p> <p>Patient #8</p> <p>The start of care was 5/15/08 with diagnoses of Orthopedic Aftercare, Diabetes Mellitus,</p> | G 164 | | | |

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| G 164 | Continued From page 11 Neuropathy in Diabetes, Hypertension, Malaise and Fatigue. Record Review On 5/16/08, the physical therapy assistant indicated: "Physical therapy three times a week. Patient went to near by state on Monday night 5/19/08 for scheduled prosthetic fitting 5/20/08. Called again 5/21/08 and patient not back in town. Await patient's return to complete visits this week." There was no documented evidence to verify the physical therapist notified the physician about the change in the plan of care. | G 164 | | | |
| G 165 | 484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS Drugs and treatments are administered by agency staff only as ordered by the physician. This STANDARD is not met as evidenced by: Based on interview and record review, the agency failed to ensure that treatments were administered by agency staff only as ordered by the physician for 3 of 15 sampled patients (#4, #14, #8). Findings include: Patient #4 Record Review Patient #4 was admitted on 5/10/2008 with diagnoses including Non-healing Surgical Wound, Hypertension and Abnormality of Gait. The plan of care established on 5/10/2008 | G 165 | | | |

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FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 297082 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/06/2008 |
| NAME OF PROVIDER OR SUPPLIER SAGUARO HOME HEALTH CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S MARYLAND PKWY, SUITE 215 LAS VEGAS, NV 89109 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| G 165 | <p>Continued From page 12</p> <p>indicated "Skilled Nursing (SN) to visit daily from 5/10/2008 to 5/19/2008."</p> <p>Daily SN visits were made from 5/10/2008 to 5/18/2008 and continued from 5/20/2008 to 6/1/2008.</p> <p>There was no documented evidence to continue daily SN visits after 5/18/2008 for Patient #4.</p> <p>Patient #14</p> <p>Patient #14 was admitted on 3/8/2008 with diagnoses including gait abnormality, generalized weakness and osteoarthritis.</p> <p>Record Review</p> <p>On 3/13/2008, the physical therapist (PT) conducted a PT evaluation. The plan of care established on 3/13/2008 indicated "PT to visit 3 times a week for 4 weeks."</p> <p>After the 4th week of therapy, the PT continued to visit Patient #14 three times a week for 3 weeks and 2 times a week for 1 week with the last documented visit on 5/6/2008. There was no documented evidence to verify a physician's order was obtained to continue PT visits after the 4th week.</p> <p>Patient #8</p> <p>The start of care was 5/15/08 with diagnoses of Orthopedic Aftercare, Diabetes Mellitus, Neuropathy in Diabetes, Hypertension, Malaise and Fatigue.</p> | G 165 | | | |

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| G 165 | Continued From page 13 Record Review On 5/16/08, the occupational therapist conducted a visit. There was no documented evidence to verify a physician's order was obtained prior to the visit. On 5/15/08, the skilled nurse conducted an initial assessment. The skilled nurse documented: "three weeks ago the patient started a problem with urinary retention. Foley catheter inserted. Urine blood tinged- denies any burning or pain in urination. Patient has diabetes-insulin dependent since 1994." There was no documented evidence to verify the skilled nurse obtained a physician's order to change the Foley catheter. | G 165 | | | |
| G 169 | 484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services by or under the supervision of a registered nurse. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to supervise skilled nursing services by a registered nurse for 1 of 15 patients (#1). Patient #1 Patient #1 was admitted on 1/12/2008 with diagnoses including Cervical Spine Stenosis, Quadriplegia, Hypertension, Status Post Lumbar Laminectomy. Interview On 6/6/2008 in the afternoon, the office manager | G 169 | | | |

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| G 169 | <p>Continued From page 14</p> <p>indicated: "(Patient #1's) case was started by a registered nurse (RN) on 3/13/2008 and then transferred to a licensed practical nurse (LPN) by the scheduler." The office manager confirmed that the LPN did not do any visits for Patient #1 from 1/12/2008 through 3/11/2008.</p> <p>Record Review</p> <p>Patient #1's physician's orders dated 1/12/2008 through 3/11/2008, indicated: "Skilled Nursing to visit patient 2 times a week for 2 weeks, 1 time a week for 7 weeks."</p> <p>Skilled nursing (SN) visits were made on 1/12/2008 and 3/11/2008. There was no documented evidence that physician orders were made to decrease skilled nursing visits for Patient #1.</p> <p>There was no documented evidence that the physician was contacted regarding missed SN visits for Patient #1 between 1/12/2008 through 3/11/2008.</p> <p>Patient #1's case was started by a RN on 3/12/2008 and then transferred to a LPN by the scheduler. There was no documented evidence that the assigned RN was aware that the LPN did not visit Patient #1 and the RN supervised the LPN from 1/13/2008 through 3/10/2008.</p> | G 169 | | | |